How & When to sign up for Medicare

MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72
Entitled to/Con derecho a
HOSPITAL (PART A)
MEDICAL (PART B)

Coverage starts/Cobertura empieza
03-01-2016
03-01-2016

You may be enrolled AUTOMATICALLY...

- If you are receiving Social Security benefits, you will automatically be enrolled in Medicare Parts A and B the same month that you turn 65 (or the previous month if your birthday is on the first day of the month).
- If you are disabled, you will receive coverage under Medicare Parts A and B starting the 25th month of receiving your disability entitlement (benefits payments) from Social Security provided that you have enough work credits to qualify for premium-free Part A of Medicare.

You may have to enroll YOURSELF...

- If you ARE NOT collecting Social Security when you are Medicare eligible (at least three months before your 65th birthday) you have to sign up or "enroll" in Medicare. You can do this by clicking here. You can also choose to make an appointment and sign up in person or call the Social Security office at 1-800-772-1213. Click here to find out when our coverage will start.
- If you have a Medicare card with Part A only because you signed up for Part A of Medicare and waived Part B (or delayed it). In this case, any point before your coverage ends or up to eight months afterwards you have a specific right to enroll in Medicare Part B. You should mail in both forms or better yet, fax them, or complete online here (online is the quickest/best option).

You may NOT need Medicare...

 If you or your spouse have health coverage through an employer and are still working, you may not need or want Medicare yet. If you are eligible for health coverage through your retirement benefits, you will need to sign up for Medicare. We will help you compare additional insurance coverage to go along with your Medicare plan.

Why navigate a complex field alone when you can work with a local professional at no cost? Let me ease the process of selecting the right Medicare plan for you or your loved one.

Call **865-264-0370** or email <u>heather@citins.com</u> and let me guide you through your Medicare options!





What are the parts of Medicare?

Provided by: The Federal Government

Part A (Hospital Insurance) Helps cover:



- Inpatient care in hospitals
- Skilled nursing facility care
- Hospice care
- Home health care

- Free for most people
- Listed on your RWB card
- All services have different cost sharing to YOU

Part B (Medical Insurance)

Helps cover:



- Services from doctors and other health care providers
- Outpatient care
- Emergency Room visits
- Durable medical equipment (like wheelchairs, walkers, hospital beds, and other equipment)
- Many preventive services (like screenings, shots or vaccines, and yearly "Wellness" visits)
- Most people pay a monthly BASE **Premium (\$174.70** in 2024)
- Listed on your RWB card

Part D (Drug Coverage)



Helps cover the cost of prescription drugs (including many recommended shots or vaccines).

Plans that offer Medicare drug coverage (Part D) are run by private insurance companies that follow rules set by Medicare.

- **Private insurance** that contracts with Medicare
- Required or penalized

MEDICARE HEALTH INSURANCE

1EG4-TE5-MK72 HOSPITAL (PART A) MEDICAL (PART B)

JOHN L SMITH

03-01-2016

Replace your Medicare card

If you need to replace your Medicare card because it's damaged or lost, log into (or create) your secure Medicare account at Medicare.gov to print or order an official copy of your Medicare card. You can also call 1-800-MEDICARE (1-800-633-4227) and ask for a replacement card to be sent in the mail. TTY users can call 1-877-486-2048.



AT A GLANCE

Original Medicare vs. Medicare **Advantage**



Doctor & hospital choice

Original Medicare	Medicare Advantage (Par	t C)
You can go to any doctor or hospital that takes Medicare, anywhere in the U.S.	I blans oller bob-ememency	Some people whose main objective is to save money, get extras (including restrictions)
In most cases, you don't need a referral	You may need to get a referral to se	ee a
to see a specialist.	specialist.	



	Cost				
Or	riginal N	ledicare	Medicare Advantage (Part C)	
Unless you have a Medicare Supplement	usually p	B-covered services, pay 20% of the Med amount after you uctible. This is called ance.	dicare- meet	Out-of-pocket costs vary – plans may have different out-of-pocket costs for certain services.	
for Me pre	Part B. If y dicare drug	emium (monthly pay you choose to join a g plan, you'll pay a s our Medicare drug rt D).	1	You pay the monthly Part B premium and may also have to pay the plan's premium. Plans may have a \$0 premium and may help pay all or part of your Part B premium. Most plans include Medicare drug coverage (Part D).	Many are \$0 premium extra
out sup	of pocket, oplemental	early limit on what y unless you have coverage – like Me esurance (Medigap)	dicare	Plans have a yearly limit on what you pay out of pocket for services Medicare Part A and Part B covers. Once you reach your plan's limit, you'll play nothing for services. Part A and Part B covers for the rest of the year.	MOOP (Maximum out of pocket) around \$8K
Around \$150 or More EXTRA You can get Medigap to help pay your remaining out-of-pocket costs (like your 20% coinsurance). **People can be refused**				You can't buy and don't need Medigap They restrict your doctors & impose rules.	ls that ok with you?
	uestions ked	· ·		coverage from a	





Coverage

Original Medicare

Original Medicare covers most medically necessary services and supplies in hospitals, doctors' offices, and other health care facilities. Original Medicare doesn't cover some benefits like eye exams, most dental care, and routine exams. See page 55.

You can join a separate Medicare drug plan to get Medicare drug coverage (Part D).

Around \$40 EXTRA per month

Medicare Advantage (Part C)

Plans must cover all of the medically necessary services that Original Medicare covers. Most plans offer some extra benefits that Original Medicare doesn't **cover** – like some routine exams and vision, hearing, and dental services.

Medicare drug coverage (Part D) is included in most plans. In most types of Medicare Advantage Plans, you can't join a separate Medicare drug plan.

>> IS THIS IMPORTANT TO YOU? <<

In most cases, you don't have to get a service or supply approved ahead of time for Original Medicare to cover it.

In some cases, you have to get a service or supply approved ahead of time for the plan to cover it.



Foreign travel

Original Medicare

Original Medicare generally doesn't cover care outside the U.S. You may be able to buy a MEDICARE SUPPLEMENT **INSURANCE (MEDIGAP)** policy that **COVERS** emergency care outside the U.S.

Medicare Advantage (Part C)

Plans generally don't cover care outside the U.S. Some plans may **OFFER** a supplemental benefit that **COVERS** emergency and urgently needed services when traveling outside the U.S.



Your Medicare Options

When you first enroll in Medicare during certain times of the year, you can choose how you get your Medicare coverage. There are 2 main ways to get Medicare:

You pay for A & B no matter which option you choose

Original Medicare

Medicare Advantage (also known as Part C)

The options aren't just about cost

- Original Medicare includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance).
- You can join a separate Medicare drug plan to get Medicare drug coverage (Part D)
- You can use any doctor or hospital that takes Medicare, anywhere in the U.S.
- To help pay your out-of-pocket costs in Original Medicare (like your 20% coinsurance), you can also shop for and buy supplemental coverage.

☑ Part A



☑ Part B

You can add:

You will have 3 cards Medicare, Supplement, & a Drug plan card

Part D



You can also add:

This includes Medicare
Supplement Insurance
(Medigap). See Section 5
(starting on page 75) to learn
more about Medigap. Or, you
can use coverage from a
former employer or union, or
Medicaid.

See Section 3 (starting on page 57) to learn more about Original Medicare.

- Medicare Advantage is a Medicareapproved plan from a private company that offers an alternative to Original Medicare for your health and drug coverage. These "bundled" plans include Part A, Part B, and usually Part D.
- In most cases, you'll need to use doctors who are in the plan's network.
- In most cases, you'll need to use doctors who are in the plan's network.
- Plans may have lower out-of-pocket costs than Original Medicare.
- Plans may offer some extra benefits that Original Medicare doesn't cover like vision, hearing, and dental services.

Ask yourself: Are they equal?

Most plans include:



☑ Part B



One Card

Medical +

☑ Part D



☑ Some extra benefits

Some plans include:

☐ Lower out-of-pocket costs

See Section 4 (starting on page 61) to learn more about Medicare Advantage.

Generally, you need to pass health questions

Is this

about

money?



2024 Medicare Costs

Medicare Part A (Hospital Insurance) Costs

Part A Monthly Premium

Most people don't pay a Part A premium because they paid Medicare taxes while working. If you don't get premium-free Part A, you pay up to \$471 each month.

Hospital Stay

In 2024, you pay

- \$1,632 deductible per benefit period
- \$0 for the first 60 days of each benefit period
- \$408 per day for days 61-90 of each benefit period
- \$816 per "lifetime reserve day" after day 90 of each benefit period (up to a maximum of 60 days over your lifetime)

Skilled Nursing Facility Stay

In 2024, you pay

- \$0 for the first 20 days of each benefit period
- \$206 per day for days 21-100 of each benefit period
- All costs for each day after day 100 of the benefit period

Medicare Part B (Medical Insurance) Costs

Part B Monthly Premium

The standard **base** Part B premium amount in 2024 is \$174.40 or higher depending on your income. Social Security will tell you the exact amount you'll pay for Part B in 2024.

You pay the standard premium amount (or higher) if:

- You enroll in Part B for the first time in 2024.
- You don't get Social Security benefits.
- You're directly billed for your Part B premiums.
- You have Medicare and Medicaid, and Medicaid pays your premiums. (Your state will pay the standard premium.)
- Your modified adjusted gross income as reported on your IRS tax return from 2 years ago is above a certain amount.



If you're in 1 of these 5 groups, here's what you'll pay:

If your			
File individaul tax return	File joint tax return	IRMAA (Income related Medicare Adjustment Amount)	You pay (in 2024)
\$103,000 or less	\$206,000 or less	\$0	\$174.70
Above \$103,000 up to \$129,000	Above \$206,000 up to \$258,000	\$69.90	\$244.60
Above \$129,000 up to \$161,000	Above \$258,000 up to \$322,000	\$174.70	\$349.40
Above \$161,000 up to \$193,000	Above \$322,000 up to \$386,000	\$279.50	\$454.20
Above \$193,000 and less than \$500,000	Above \$386,000 and less than \$750,000	\$384.30	\$559.50
\$500,000 or above	\$750,000 and above	\$419.30	\$594.00

The information in this chart can be found at Medicare.gov/your-medicare-costs/medicare-costs-at-a-glance. If you have questions about your Part B premium, call Social Security at 1-800-772-1213. TTY users can call 1-800-325-0778. If you pay a late enrollment penalty, these amounts may be higher.

Part B Deductible - \$240 per year

Medicare Advantage Plans (Part C) and Medicare Prescription Drug Plans (Part D) Premiums

Visit Medicare.gov/find-a-plan to get plan premiums. You can also call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048. You can also call the plan or your State Health Insurance Assistance Program (SHIP). To get the most up-to-date SHIP phone numbers, visit shiptacenter.org or call 1-800-MEDICARE.



Part D Monthly Premium

The chart below shows your estimated prescription drug plan monthly premium based on your income. If your income is above a certain limit, you will pay an income-related monthly adjustment amount in addition to your plan premium. The information in the chart above can be found at Medicare.gov/your-medicare-costs/medicare-costs-at-a-glance.

If your			
File individaul tax return	File joint tax return	File married & separate tax return	You pay (in 2024)
\$103,000 or less	\$206,000 or less	\$103,000 or less	Your premium plan
Above \$103,000 up to \$129,000	Above \$206,000 up to \$258,000	Not Applicable	\$12.90 + your plan premium
Above \$129,000 up to \$161,000	Above \$258,000 up to \$322,000	Not Applicable	\$33.30 + your plan premium
Above \$161,000 up to \$193,000	Above \$322,000 up to \$386,000	Not Applicable	\$53.80 + your plan premium
Above \$193,000 and less than \$500,000	Above \$386,000 and less than \$750,000	\$ 193,000 and less than \$500,000	\$74.20 + your plan premium
\$500,000 or above	\$750,000 and above	\$500,000 and above	\$77.90 + your plan premium

2024 Part D National Base Beneficiary Premium - \$34.70

This figure is used to estimate the Part D late enrollment penalty and the above incomerelated monthly adjustment amounts listed in the table above. The national base beneficiary premium amount can change each year. See your Medicare & You handbook or visit <u>Medicare.gov</u> for more information.

For more information about Medicare costs, visit Medicare.gov.



Other Medicare Part A Costs & Coverages

Home health care

\$0 for home health care services.

20% of the Medicare-approved amount for Durable medical equipment (DME).

Hospice care

\$0 for hospice care.

You may need to pay a copayment of no more than \$5 for each prescription drug and other similar products for pain relief and symptom control while you're at home. In the rare case your drug isn't covered by the hospice benefit, your hospice provider should contact your Medicare drug plan to see if it's covered under Medicare prescription drug coverage (Part D).

You may need to pay 5% of the Medicare-approved amount for inpatient respite care. Medicare doesn't cover room and board when you get hospice care in your home or another facility where you live (like a nursing home).

Important Term: Benefit Period

A Benefit Period is defined as: Being home and out of the hospital and not receiving skilled care for 60 consecutive days.

Note: Penalty for Part A Late enrollment penalty:

If you don't buy it when you're first eligible, your monthly premium may go up to 10%. (You'll have to pay the higher premium for twice the number of years you could have had Part A, but didn't sign up.)

Penalty for Part B

In most cases, if you don't sign up for Part B when you're first eligible, you'll have to pay a late enrollment penalty. You'll have to pay this penalty for as long as you have Part B. Your monthly premium for Part B may go up 10% of the standard premium for each full 12-month period that you could have had Part B, but didn't sign up for it. Also, you may have to wait until the General Enrollment Period (from January 1 to March 31) to enroll in Part B. Coverage will start July 1 of that year.





Just a few companies we represent...





SilverScript[®]

























The Medicare Donut Hole

2024

1

Coverage Begins
Jan 1st

Deductible

(Your plan resets on January 1st)

Can be up to \$545 for 2024

-Carreline III - \$480

2

This stage ends when you & your plan have snent \$42805

\$5030 for 2024

by your plan
(You pay only
copays for your

meds)

3

COVERAGE

Less Coverage

(You pay a certain percentage based on the type of drug)
You nay no more

than 25% of the cost of the medication

/ou ovit t

You exit the coverage gap when your total out of pocket costs reach \$7050*

\$8000 for 2024

Catastrophic Coverage Begins

(Covering 95% of drug costs)

5

Coverage Ends
Dec 31st

Catastrophic Coverage

continues through December 31st

*Your out of pocket cost is calculated by adding everything you have paid (except premiums) PLUS discounted amounts you didn't pay in the gap)

Accumulated
Drug Costs

Cost sharing with the 2024 Medicare Prescription Plans

Initial Coverage

Tier 1 Preferred Generic Drugs

Tier 2 Nonpreferred Generic Drugs

Tier 3 Preferred Brand-Name Drugs

Tier 4 Nonpreferred Brand-Name Drugs

Tier 5 Specialty-Tier Drugs

Tier 6 Injectable Part D Vaccines

Copay

Copay

Copay

Copay

Co-insurance

No Charge

Total Drug Cost \$5,030

Coverage Gap

Tier 1 Preferred Generic Drugs

Tier 2 Nonpreferred Generic Drugs

Tier 3 Preferred Brand-Name Drugs

Tier 4 Nonpreferred Brand-Name Drugs

Tier 5 Specialty-Tier Drugs

Tier 6 Injectable Part D
Vaccines

Copay

Copay

Brand Discount Payment

Brand Discount Payment

Brand Discount Payment

No Charge \$8,000

TrOOP: Enrollee Out Of Pocket Expenses

Catastrophic Coverage

Tier 1, 2 Generic Drugs

Tier 3,4,5 Brand Name and Specialty-Tier Drugs

Tier 6 Injectable Part D

No

Charge

Copay

Copay



THE 2024 COVERAGE GAP BRAND DISCOUNT PROGRAM

With the Medicare Coverage Gap Discount Program, the beneficiary pays a discounted price for brand name drugs. The rest of the cost is paid by the drug manugacturer and the health plan. Review the example below to see the liability categories and how the overall cost is divided, assuming a cost of \$100.



DISPENSING FEE \$17

REMAINING FEE \$83

COST SHARING

BENEFICIARY

HEALTH PLAN BENEFICIARY

HEALTH
PLAN
DRUG
MANUFACTURER

LIABILITY

BENEFICIARY LIABILITY:

25% OF DISPENSING FEE......\$4.25 25% OF DRUG COST......\$20.75 TOTAL LIABILITY.....\$25.00

HEALTH PLAN LIABILITY:

75% OF DISPENSING FEE......\$12.75 <u>5% OF DRUG COST.......\$4.15</u> TOTAL LIABILITY.....\$16.90

DRUG MANUFACTURER LIABILITY:
NONE OF DISPENSING FEE.....0
70% OF DRUG COST......\$58.10
TOTAL LIABILITY......\$58.10.

For TrOOP accumulation, both the manufacturer's and the beneficiary's cost sharing are included. Cost Sharing by the health plan is not covered.

DRUG COST \$100

DISPENSING FEE \$17 REMAINING FEE \$83

COST SHARING BENEFICIARY \$4.25

> HEALTH PLAN \$0

\$20.75

HEALTH PLAN N/A

DRUG MANUFACTURER

\$58.10

TROOP
ACCUMUL
-ATION

\$83.10





Outline of Coverage

Overview of Available Plans

Medicare Supplement Plans A, B, C, F, G, K, L, N and Medicare Select Plans G and N are currently being offered by UnitedHealthcare Insurance Company.

♦ Medicare Select Plans G and N contain the same benefits as standardized Medicare Supplement Plans G and N, except for restrictions on your use of hospitals.

Benefit Chart of Medicare Supplement Plans Sold on or after January 1, 2020

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan "A" available. Some plans may not be available. Only applicants' **first** eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F.

Note: A ✓ means 100% of this benefit is paid.

	Plans Available to All Applicants							Medicare first eligible		
Benefits	A	В	D	G ¹+	K	L	M	N +	before on	2020
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	~	>	>	>	,	V	V	•	~	•
Medicare Part B coinsurance or Copayment	~	/	>	>	50%	75%	>	copays apply ³	V	~
Blood (first three pints)	~	1	✓	~	50%	75%	/	✓	~	/
Part A hospice care coinsurance or copayment	/	>	>	>	50%	75%	>	~	~	~
Skilled nursing facility coinsurance			/	/	50%	75%	/	~	~	~
Medicare Part A deductible		/	/	/	50%	75%	50%	/	~	~
Medicare Part B deductible									✓	~
Medicare Part B excess charges				>						~
Foreign travel emergency (up to plan limits)			~	~			V	~	~	~
Out-of-pocket limit in 2021 ²					\$7060	\$3,530				

¹Plans F and G also have a high deductible option which require first paying a plan deductible of \$2700 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

² Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of- pocket yearly limit.

³ Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to \$20 for some office visits and up to a \$50 co-payment for emergency room visits that do not result in an inpatient admission.

my Social Security



How To Create An Online Account

Step 1

Visit www.socialsecurity.gov/myaccount and select:





Step 2

Select "Create An Account."

To create a *my* **Social Security** account, you must be at least 18 years old and have:

- A valid E-mail address;
- A Social Security number; and
- A U.S. mailing address.

Step 3

Provide some personal information to verify your identity.



Social S The Official Website	Security of the U.S. Social Security Admini	istration	
Create an Accour	ıt		
1 Verify your Identity	2 Secure your Identity	3 Create your Account	t
Please create your a	account details		
Username:			

Step 4

Choose a username and password to create your account.

(over)

After you create a **my** Social Security account, you can access your *Social Security Statement* to check your earnings and get your benefit estimates.

If you receive benefits, you also can:

- Change your address and phone number;
- Start or change your direct deposit; and
- Get your benefit verification letter.

How To Get Your Benefit Verification Letter

You can use your benefit verification letter as proof of your:

- Income when you apply for a loan or mortgage, assisted housing or other state or local benefits;
- Current Medicare health insurance coverage;
- Retirement or disability status; and
- Age.









How to Apply Online for Medicare Only

It's so easy! Just go to www.socialsecurity.gov



Welcome to the Social Security Benefit Application

- Apply for benefits by selecting "Start a New Application;" or
- "Return to Saved Application Process."

Information About You

- Name;
- Social Security number;
- · Date of birth; and
- Gender.





Re-entry Number

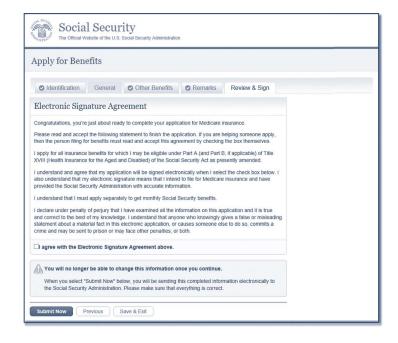
When you have successfully started your application, you will get a re-entry number that you can use to:

- Continue your application later if you need a break; and
- Check the status of your completed application.



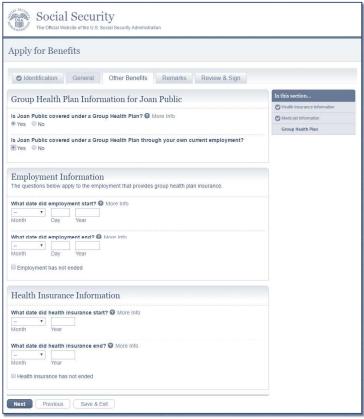
Questions About Your Health Benefits

- Other health insurance coverage;
- Group health plan information;
- Employment information; and
- Dates of coverage information.



Medicare-only Decision

Choose to sign up for Medicare only and not receive retirement benefits at this time.



Finishing Your Application

- Go over a summary of your application for accuracy;
- Accept the agreement and sign your application by selecting the "Submit Now" button;
- Get a receipt for your application; and
- · Get information on what to do next.



Social Security Administration

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Notes:	
Questions:	
Next Steps:	